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STATE OF NEW JERSEY

DEPARTMENT OF HEALTH

The mission of the Department of Health is to improve health through leadership and innovation.

NJ DSRIP January 2019 Webinar

January 10, 2019

Today's Speakers:

Emma Trucks, PCG

Stephanie McBeth, Cooper University Health Care

Lorraine Nelson, St. Peter's University Hospital



Prepared by Public Consulting Group

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- DSRIP 31: Controlling High Blood Pressure
 - Interpreting Measure Specifications
 - Scope of problem
 - Quick review of evidence base
 - Eligible populations / exclusions
 - Numerator logic
- Hospital Presentations on DSRIP 31
 - Cooper Hospital
 - St. Peter's University Hospital

Today's Objectives

- **By the end of this webinar, participants will be able to:**

Recognize the scope of high blood pressure as a problem.

Interpret DSRIP 31: Controlling High Blood Pressure measure specifications to complete chart reviews.

Identify strategies utilized by fellow DSRIP hospitals to improve high blood pressure control.

Scope of the Problem:

High Blood Pressure (HTN)

2014

HTN was primary or contributing cause of death for >410,000 US Residents.¹

2015

HTN costs the US \$48.6 Billion each year.¹

- Nearly 1/3 of US Residents have HTN (29%).¹
- For about half of those with HTN, it is uncontrolled.¹
- HTN prevalence is higher in the African American population compared to White or Hispanic populations.²
- In NJ, the percent of adults who reported being told by a health professional that they have HTN increased³:

2012	→	2018
30.6%		33%

References:

1. CDC Division for Heart Disease and Stroke Prevention. High Blood Pressure Fact Sheet. Available at https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_bloodpressure.htm.
2. Agency for Healthcare Research and Quality. Evidence Synthesis Number 121. Screening for High Blood Pressure in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Available at <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/high-blood-pressure-in-adults-screening?ds=1&s=blood%20pressure>.
3. CDC. Behavioral Risk Factor Surveillance System. Available at <https://www.americashealthrankings.org/explore/annual/measure/Hypertension/state/NJ>.



POLL QUESTION 1

1. For those that are familiar with your institution's HTN prevalence, is it higher than, similar to, or lower than the national average of ~30%?

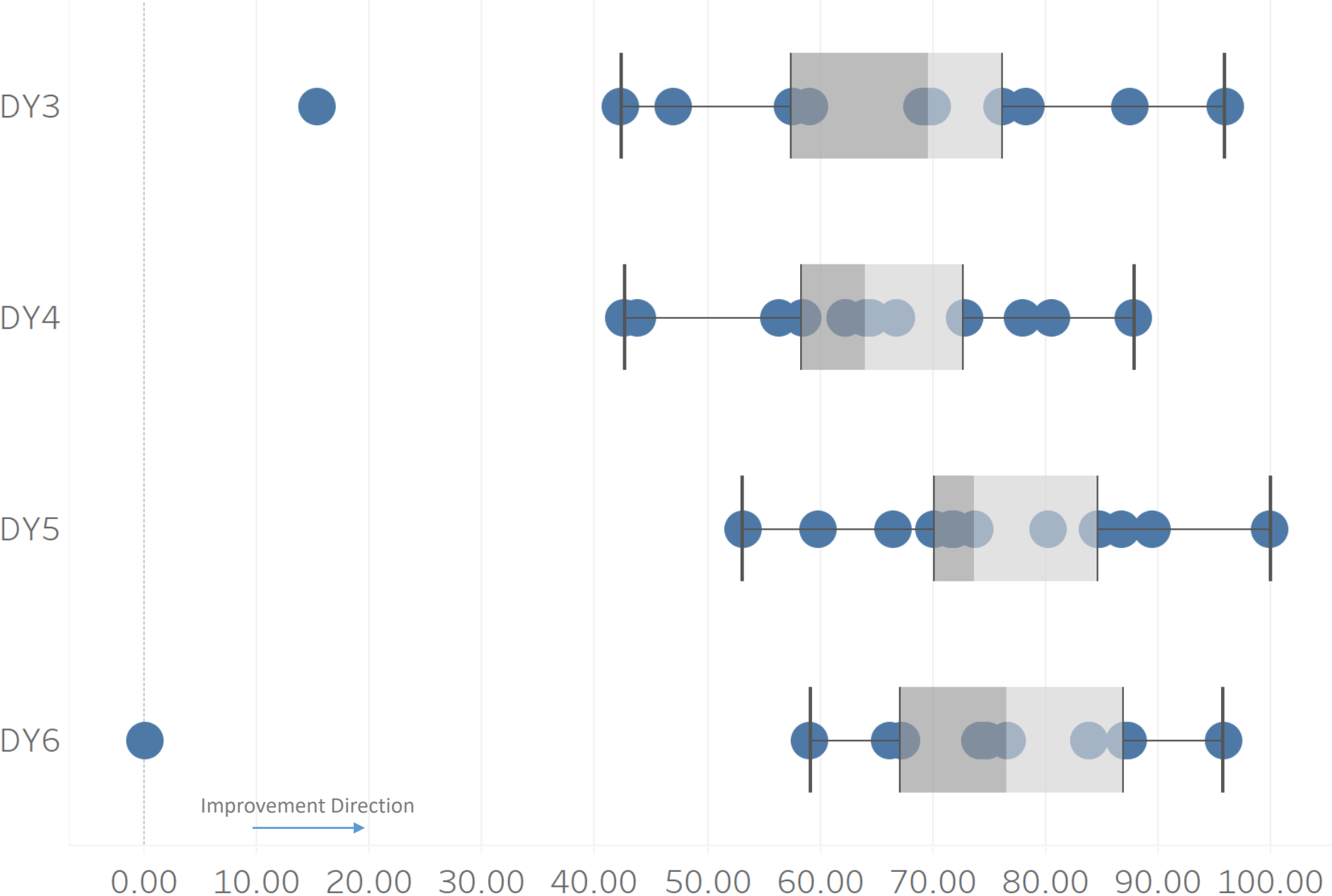
Higher

Similar

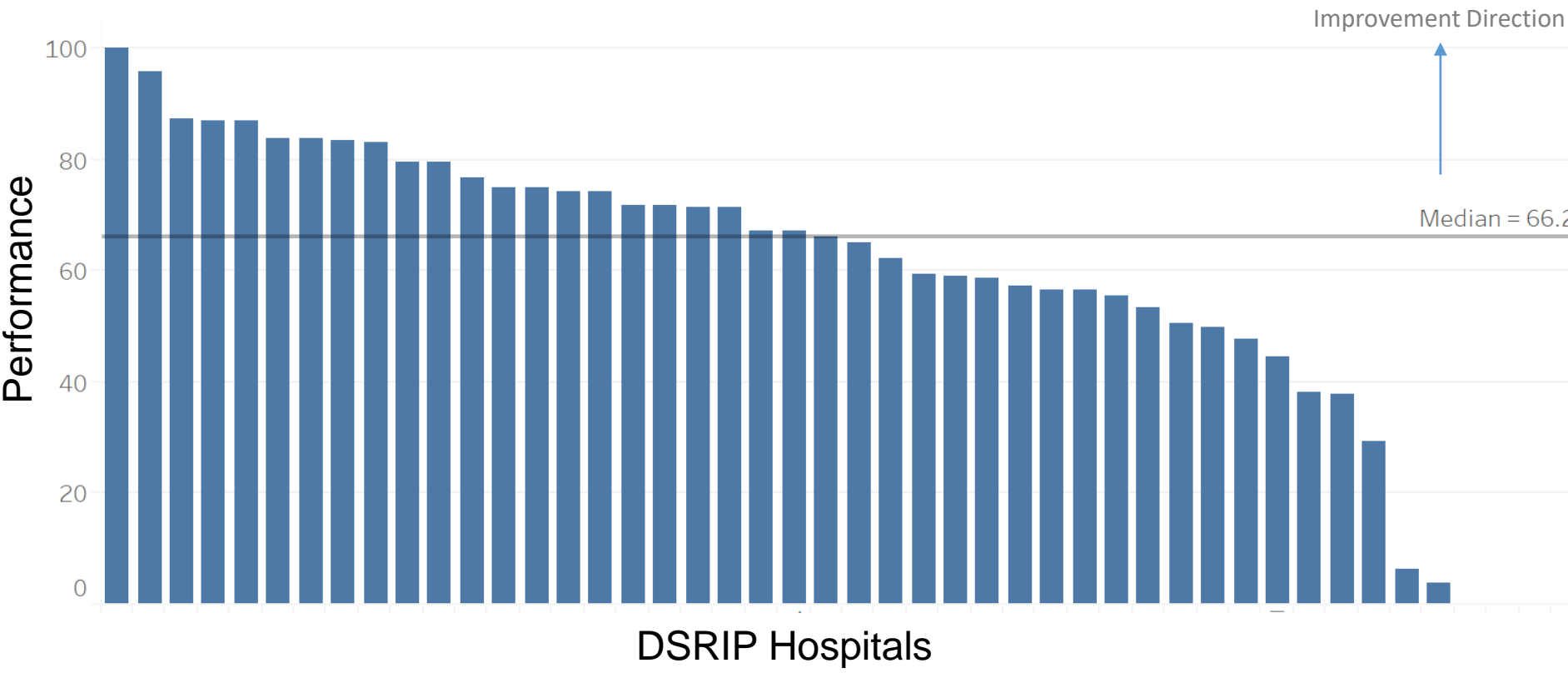
Lower

I'm not sure what our HTN prevalence is

DSRIP 31 DY1-6 Stage 3 P4P Performance



DSRIP 31 DY6 Stage 4 P4R Performance



Controlling High Blood Pressure

Measure Description:

Percentage of patients 18–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (<140/90) during the measurement year.

Measure Characteristics for DY7:

Data Source	Chart Based/EHR
NQF Library #	0018
Unit of Measure	Percent (%)
Improvement Direction	Higher
Setting of Care	Outpatient
Steward and Version	NCQA, Based on HEDIS 2018 Vol.2

Please note the following key differences from HEDIS 2018 Vol.2 to DSRIP Databook 4.1 and 5.0:

- 1) Adequate BP control does not change by age group.
- 2) Diabetes is not tracked as a numerator flag.

Controlling High Blood Pressure:

Evidence Based Consensus on HTN

- High Blood Pressure is commonly defined as 140/90 or greater.

Endorse 140/90 HTN Definition	Different Definition
NCQA HEDIS 2019 ¹	American College of Cardiology ⁷
JNC 7 ² & JNC 8 ³	
US Preventive Services Task Force ⁴	
Centers for Disease Control ⁵	
American Diabetes Association ⁶	

See Appendix slide for references.

- Measure Steward (NCQA) maintains the commonly defined threshold of achieving <140/90 to indicate blood pressure control.

Controlling High Blood Pressure:

Eligible Population

Denominator: Age → Diagnosis → Setting → Timing → Exclusions

Controlling High Blood Pressure:

Eligible Population

Denominator: **Age** → Diagnosis → Setting → Timing → Exclusions

- “Patients 18–85 years”
- To be included in the denominator, patients must be greater than or equal to 18 and less than 86 as of December 31st 2018.

Controlling High Blood Pressure:

Eligible Population

Denominator: Age → **Diagnosis** → Setting → Timing → Exclusions

- Diagnosis of hypertension (HTN)
 - Appendix A-55 lists applicable diagnosis codes
 - Review the code sets once Databook 5.0 is published for any changes.
 - Chart documentation must include at least one of the following:
 - HTN; High BP (HBP); Elevated BP (↑BP); Borderline HTN; Intermittent HTN; History of HTN; Hypertensive vascular disease (HVD); Hyperpiesia; Hyperpiesis.

Controlling High Blood Pressure:

Eligible Population

Denominator: Age → Diagnosis → **Setting** → Timing → Exclusions

- Setting of hypertension (HTN) diagnosis
 - Patient must have a diagnosis of HTN documented in at least one outpatient visit during the first 6 months of the measurement year.
 - If there are no outpatient visits in the first 6 months of the measurement year, or if there are no outpatient visits that have a diagnosis of HTN, then the patient not eligible.
 - Appendix A-32 lists applicable outpatient visit codes
 - Review the code sets once Databook 5.0 is published for any changes.

Controlling High Blood Pressure:

Eligible Population

Denominator: Age → Diagnosis → Setting → **Timing** → Exclusions

- Timing to confirm hypertension (HTN) diagnosis
 - HTN diagnosis at an outpatient visit must occur before June 30 of the measurement year and includes diagnoses from before the measurement year.
 - Hospitals should look back as far as they are able to confirm notation of hypertension diagnosis in the chart.

Ex. 1 Not eligible:

Pt. whose only HTN diagnosis in an outpatient visit is from July 15th 2018 of DY7 measurement year.

Ex. 2 Eligible:

Pt. who has an outpatient visit with a HTN diagnosis from November 2nd 2017, before the measurement year and another outpatient visit on March 28th 2018.

Ex. 3 Eligible:

Pt. with multiple outpatient visits, November 2nd 2017, March 5th 2018 and July 15th 2018, each showing an active diagnosis of HTN.

Controlling High Blood Pressure:

Eligible Population

Denominator: Age → Diagnosis → Setting → Timing → **Exclusions**

- Exclusions
 - End Stage Renal Disease/ Kidney Transplant/ Dialysis
 - Appendix A-56 provides applicable code sets
 - Pregnancy Diagnosis
 - *Note that DSRIP specification does not include exclusion for those who had a nonacute inpatient admission (listed as exclusion in HEDIS 2018 Vol. 2).*

Controlling High Blood Pressure:

Eligible Population

Denominator Recap:

- Age: ≥ 18 and < 86 as of December 31
- Diagnosis: See Databook and related code sets
- Setting: Outpatient
- Timing: Diagnosis before June 30
- Exclusions: See Databook and related code sets

Controlling High Blood Pressure:

Numerator Logic

1. Identify most recent blood pressure (BP) reading.
2. Ensure most recent BP took place after HTN diagnosis.
3. Do not include BP readings meeting the following criteria:
 - Taken during inpatient stay or ED visit;
 - Taken during outpatient visit with sole purpose of diagnostic; test, diagnosis, or surgical procedure;
 - Taken on same day as diagnostic or surgical procedure;
 - Taken or reported by the patient.
4. Use lowest Systolic & Diastolic values from most recent reading.
 - If multiple BPs documented on single date, lowest systolic & diastolic values used can be from different readings.
5. Must be <140/90

What can we learn from this measure?

- What is the HTN burden on our population?
- How well are we helping our patients control their HTN?

Hospital Presentations

- St. Peter's University Hospital
 - Lorraine Nelson, Ph D., LPC, NCC
- Cooper University Healthcare
 - Stephanie McBeth, MBA, PMP, PCMH CCE

Saint Peters University Hospital Presentation

DSRIP 31: Controlling High Blood Pressure

Lorraine Nelson, Ph D., LPC, NCC

January 10, 2019



Treating you better...for life.

Saint Peter's University Hospital



Located in New Brunswick, New Jersey, serving the healthcare needs since 1907. We are a 478-bed teaching hospital that provides a broad array of services to a diverse community. We are, a member of the Saint Peter's Healthcare System, non-profit, acute care facility with primary care clinics, sponsored by the Roman Catholic Diocese of Metuchen.





SAINT PETER'S UNIVERSITY HOSPITAL'S
FAMILY HEALTH CENTER
A MEMBER OF SAINT PETER'S HEALTHCARE SYSTEM



Challenges

❖ Data requires Scrubbing

- ❖ Reports are ran via Athena's platform, validated & checked for duplicates to adequately report on performance.

❖ Socio-economic Status (SES)

- ❖ Cost of medications
- ❖ Insurance
- ❖ Eating habits
- ❖ literacy and language barriers
- ❖ Focus on DM vs. HTN

Best Practices

- ❖ System wide educational initiative
- ❖ Identifying patients for DSRIP team to initiate monitoring at all ports of entry (i.e. the screening questionnaire)
 - ❖ Triage how to best care for patients based on their needs (lifestyle, education, etc.)
 - ❖ Warm handoffs from patients who show up to the ED but could be seen in clinic
 - ❖ Increase patients ability to access care, resources and support (Kit distribution)
 - ❖ Availability of community events (Zumba, farmers market, education)
 - ❖ Extended hours of operation to accommodate patient's schedules

Wellness Groups

Smoothie
Class



Painting
Class

Gardening Class



Next Steps

- ❖ Centering Diabetes Program
- ❖ Lessons learned Promoting Centering DM & HTN
- ❖ Promote all Chronic Disease Management Programs
- ❖ Continue to Collaborate with Community resources

Thank You

Questions



A close-up photograph of a silver and black stethoscope resting on a white laptop keyboard. The stethoscope's chest piece is in the lower right, and its earpieces are in the upper left. The background shows the keys of the laptop keyboard.

Managing DSRIP 31: Controlling High Blood Pressure

January 10, 2019

Stephanie McBeth, MBA, PMP, PCMH CCE
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Department of Population Health
Cooper University Health Care
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Cooper University Health Care



- 635-bed academic tertiary care hospital
- Only Level I Trauma Center in South Jersey
- 630+ employed physicians
- 100+ outpatient facilities across South Jersey
- Cooper Medical School of Rowan University
- MD Anderson Cancer Center at Cooper
- Children's Regional Hospital
- Surgery Center and Urgent Care Centers

2017

- **Employees: 7,300+**
- **Hospital Admissions: 30,000+**
- **Outpatient Admissions (hospital & physicians): 1.7+ million**
- **Emergency Department visits: 78,912**
- **Trauma Cases: 3,923**
- **Urgent Care visits: 40,518**



Attribution Size: 28,935 patients



63% Attributed under “ED-Hospital” visits



25% under 18 years; 9% over age 65

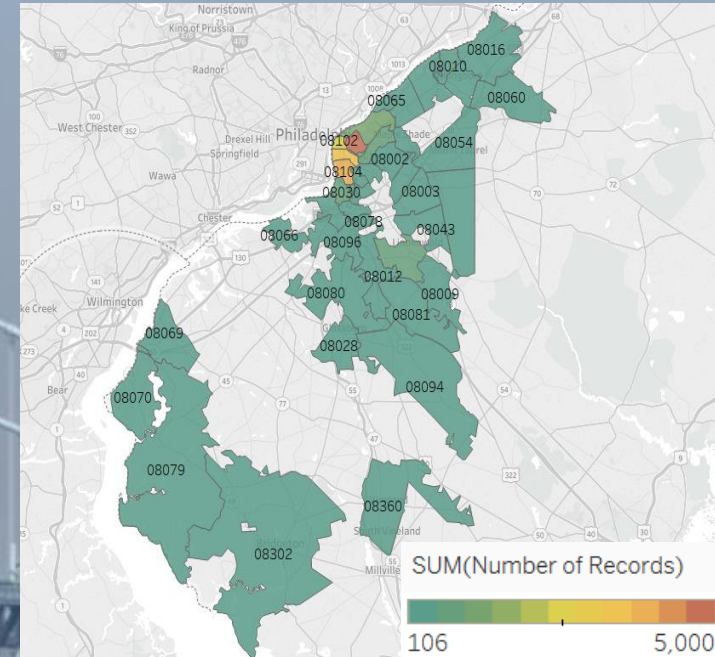


65% do not have a Cooper Primary Care Provider



43% have hypertension, diabetes, and/or asthma

Cooper DSRIP Population



Top Cities

City	% of total
Camden	51.2%
Pennsauken	4.6%
Clementon	3.1%

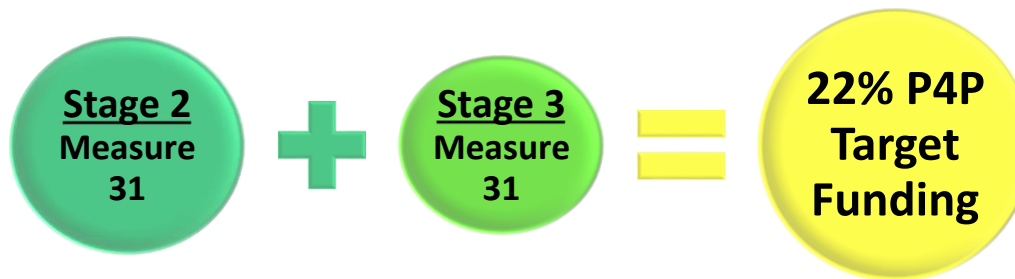
“One Team, One Purpose”



Measure 31 – Controlling High BP

Challenges

- Due to measure being “Ambulatory” setting, many patients in our denominator ONLY see specialists
 - Not all specialties take BPs at office visits
 - Not all specialists manage Hypertension
- Over 65% of our population do not have Cooper Primary Care Providers
- Limitations in electronic auditing of protocols – manual labor needed
- Limitation in electronic pull of most recent “best BP” value



- Quarterly *AND* Monthly measure report generation with patient-level detail
 - Pivot at provider level for Ambulatory Operations intervention
- Payer agnostic Ambulatory **protocols**
- “Aware” of our attribution, but ***manage*** our entire population
 - Controlling High BP is a Corporate Initiative
- Continuity of Care: Outreach to Non-Cooper Providers to obtain most recent 2018 BP reading for records



Ambulatory Adult Protocols: “Second-Time BP”

BP is to be taken at all Ambulatory Provider or MA/Nurse office visits.

2nd time Blood Pressure (BP) Protocol

- If BP >139/89: wait 3-5 minutes, ensure patient in comfortable position and retake BP
- If second BP > 139/89 but below 179/99
 - *Specialist not managing HTN*: refer patient to see PCP w/in 1 week
 - *Provider Managing HTN*: refer patient to follow up with nurse/MA visit within 1 week for BP check visit
- If second BP > 179/99
 - *Specialist not managing HTN*: Provider make appropriate recommendations regarding elevated BP (referral to PCP vs ER)
 - *Provider Managing HTN*: Provider make appropriate recommendations regarding elevated BP





- Establish protocols for BP and 2nd BP readings
 - Best Systolic and Diastolic count
 - Utilize Nurse/MA visits where appropriate & use eligible outpatient visit codes
- Communicate and Educate
- Audit protocol adherence
- Share the data with team regularly
- Engage ALL PCPs of attributed patients, including external providers
- Analyze your population: Clinical and demographic

- DSRIP Performance Dashboard to launch on January 15th.
- To increase opportunities for collaborative learning, data in the Performance Dashboard will be unblinded.
 - This decision aligns with feedback from hospitals as well as 80% of respondents from the poll in the December webinar.
- February Webinar will review the specifications for DSRIP 38: Engagement of Alcohol and Other Drugs



Q & A

Ask questions in two ways:

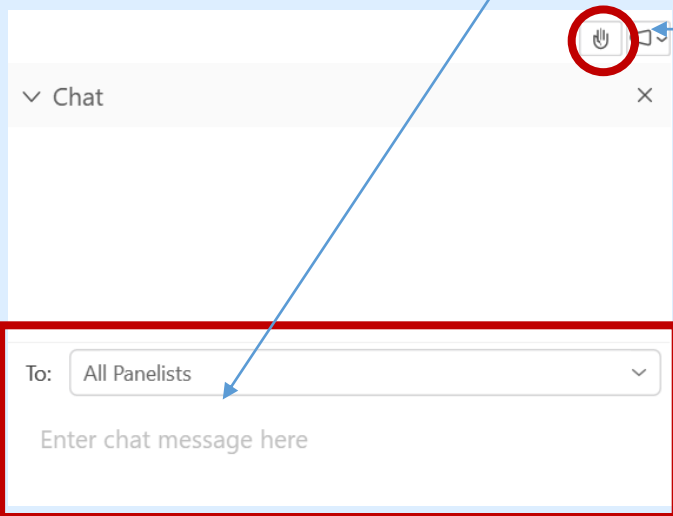
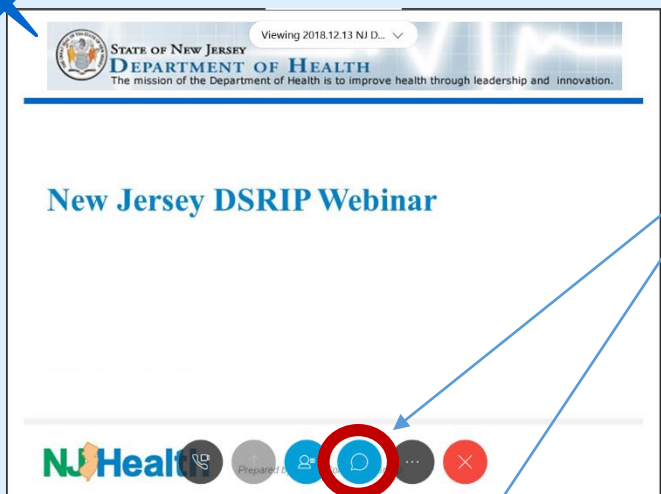
1. Submit questions through the chat.

If the chat box does not automatically appear on the screen's right panel, hover over the bottom of your screen and click the chat bubble icon, circled in red.

2. 'Raise your hand' to ask a question through your audio connection.

Once we see your hand raised, we will call on you and unmute your line.

Please introduce yourself and let us know what organization you are from.



Prepared by Public Consulting Group

Email njdsrip@pcgus.com with any additional questions.

- **Please answer the following evaluation questions**
 1. How would you rate this activity?
5 = Excellent; 1 = Very Poor
 2. Did you feel that this webinar's objectives were met?
 - Recognize the scope of high blood pressure as a problem.
 - Interpret DSRIP 31: Controlling High Blood Pressure measure specifications to complete chart reviews.
 - Identify strategies utilized by fellow DSRIP hospitals to improve high blood pressure control.
 3. Please provide suggestions on how to improve measure specification review.
 4. Please provide suggestions on how to improve this educational session.

Appendix

Slide 12 References:

Evidence Based Consensus on HTN

1. NCQA. HEDIS 2019 Volume 2 (epub). Available at <http://store.ncqa.org/index.php/catalog/product/view/id/3381/s/hedis-2019-volume-2-epub/>.
2. Chobanian AV, et al. The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure: the JNC 7 report. JAMA 2003 May 21;289(19):2560-72.
3. James PA, Oparil S, Carter BL, et al. 2014 Evidence-Based Guideline for the Management of High Blood Pressure in Adults: Report From the Panel Members Appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014;311(5):507–520. doi:10.1001/jama.2013.284427.
4. Piper MA, Evans CV, Burda BU, Margolis KL, O'Connor E, Smith N, Webber E, Perdue LA, Bigler KD, Whitlock EP. Screening for High Blood Pressure in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Evidence Synthesis No. 121. AHRQ Publication No. 13-05194-EF-1. Rockville, MD: Agency for Healthcare Research and Quality; 2014.
5. CDC. Division for Heart Disease and Stroke Prevention. High Blood Pressure Fact Sheet. Available at: https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_bloodpressure.htm. Last reviewed on June 16, 2016.
6. De Boer I H, et al. Diabetes and Hypertension: A Position Statement by the American Diabetes Association. Diabetes Care 2017 Sep; 40(9): 1273-1284. Available at <http://care.diabetesjournals.org/content/40/9/1273>.
7. 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA Guideline for the Prevention, Detection, Evaluation, and Management of High Blood Pressure in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol 2018;71:e127-e248.